V. S. No. 2
50M—9-4-41
Rev. 5-17-39
I X29484

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41652

Registration District No. 172 Primary Registration District No. 5-6 5-2 Registrar's No. 22

1. PLACE OF DEATH:
(a) County: Lawrence
(b) City or town: Highway 66
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: —
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) —
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene 39
(c) City or town: ~~Springfield~~ Nichols 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? / (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Joseph Alvis Copening
3. (b) If veteran, name war: Unknown
3. (c) Social Security No. Unknown
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mrs. Zona Copening
6. (c) Age of husband or wife if alive: Unknown years
7. Birth date of deceased: February (Month) 12, (Day) 1892 (Year)

8. AGE: Years	Months	Days	If less than one day
53	10	5	hr. min.

9. Birthplace: Niangua, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Frisco Agent
11. Industry or business: Railroad
FATHER
12. Name: William Copening
13. Birthplace: Niangua, (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name: Mattie Ward
15. Birthplace: Marshfield, (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Mrs. Zona Copening
(b) Address: Springfield, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-20-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Maple Park Cemetery
18. (a) Signature of funeral director: Alma Lohmeyer Funeral Home
(b) Address: Springfield, Missouri
19. (a) 12-22-45 (Date received local registrar) (b) W. B. Bruner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 17 year 1945 hour about 8 minute P. M.
21. I hereby certify that I attended the deceased from after death, 19..., to ..., 19... that I last saw h... alive on ..., 19... and that death occurred on the date and hour stated above.

Immediate cause of death: Broken neck, Crushed chest "right side" — Duration
Due to: Car - Truck - Collision
Driver of car
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations: 1700 46
Of autopsy: 2

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): accident 55
(b) Date of occurrence: Dec 17-1945
(c) Where did injury occur? Lawrence (City or town) Mo (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway 66 (Specify type of place)
While at work? No (e) Means of injury: Collision
23. Signature: Herman Burridge Coroner (Physician, Coroner, Proprietor)
Address: Aurora Mo. Date signed 12

1534 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 146-19
Date Filed JAN 8 1946

FEB 6 1958

JAN 16 1946

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Registered Apprentice No. ..... working under my personal supervision.

Signed Lewis G. Scharpf

Licensed Embalmer No. 3802

P. O. Address Springfield, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.